



Washington State

EDUCATIONAL OPPORTUNITY GRANT

... a way to continue your education

2000- 2001 APPLICATION INFORMATION SHEET

PLEASE READ THIS ENTIRE INFORMATION SHEET BEFORE COMPLETING THE APPLICATION.

◆ *What is the Educational Opportunity Grant Program?*

The purpose of the Educational Opportunity Grant Program is to provide renewable \$2,500 grants as an incentive to financially-needy placebound Washington residents. The Education Opportunity Grant was created by the Washington State Legislature to encourage students who have achieved junior standing through completion of an AA or transferable credits, to continue and complete 4 year degrees at colleges and universities, public and private, which have unused enrollment capacity.

◆ *Who qualifies for the grant?*

To apply for this grant, you must be “placebound” and meet other eligibility requirements.

- “Placebound,” is defined as living in a designated county and having completed only the first two years of a four-year degree due to family or employment commitments, health concerns, financial need, or other similar factors.
- You must be a Washington resident and reside in a designated county.
- By the beginning of fall term 2000, you must **have achieved junior standing** as recognized by the four-year school you plan to attend, by completing an Associate of Arts transfer degree program or through earned credits.
- You must demonstrate financial need certified by the financial aid administrator at the college you plan to attend; **(This means you must have completed all institutional financial aid applications and the Federal Financial Aid form – Free Application for Federal Student Aid (FAFSA); if you have Internet access, you may apply on-line at: <http://www.fafsa.ed.gov>)**
- You must be planning to attend an eligible four-year school in Washington State. To be eligible, schools must be accredited by the Northwest Association of Schools and Colleges (NWASC), participate in other state financial aid programs, and have unused capacity. Currently all schools are expected to have capacity for 2000-2001. Branch campuses where you **may not** use this grant are: the University of Washington branches at Bothell-Woodinville and Tacoma and Washington State University branches at Vancouver, Spokane, and the Tri-Cities.
- You must not be required by the four-year school to be involved in any program that includes any religious worship, exercise or instruction, or be pursuing any degree in religious, seminarian, or theological academic studies; and
- You must be a junior or senior transfer student in 2000-2001 and must not have been enrolled during the prior academic year at the 4-year school you plan to attend with this grant.

◆ *What are the designated counties in which eligible applicants must live?*

Eligible applicants **must reside** in Benton, Clark, Cowlitz, Franklin, King, Kitsap, Pierce, Skamania, Snohomish, Spokane, Thurston, Walla Walla, or Yakima Counties. This requirement is tied to the 1989 law authorizing the EOG program. Legislative intent is that these residents can be helped to obtain a four-year degree **EITHER** by attending one of the branch campuses in their area, **OR** by applying for an Educational Opportunity Grant and using it at an established school where there is unused capacity.

◆ ***Which schools may I attend with the grant?***

Four year schools meeting the program's requirements are: University of Washington (main campus only), Washington State University (main campus only), The Evergreen State College, Central Washington University, Eastern Washington University, Western Washington University, Bastyr College, Cornish College, Heritage College, Gonzaga University, Pacific Lutheran University, Saint Martin's College, Seattle Pacific University, Seattle University, University of Puget Sound, Whitman College and Whitworth College.

◆ ***How much will I receive if I am selected for a grant?***

The grant will be \$2,500 for the academic year and is renewable for one year. If your financial need, as certified by your school, is less than \$2,500 or you attend for less than the full academic year, your grant amount will be adjusted downward.

◆ ***Do I get the grant in addition to other financial aid?***

The answer depends upon your financial "need" and the amount of aid offered. If your need, as documented by the Federal Financial Aid Form (FAFSA), is unmet by other financial aid sources, the EOG can be added to your financial aid package. If your need is fully met by other financial aid, then the EOG will replace loans, not grants and scholarships.

◆ ***How do I submit my application for the grant?***

The application form has three components. **You** must complete sections A & B; the **financial aid administrator** at the college you plan to attend must complete section C. All three parts, A, B, and C of the completed application, must be mailed to the Higher Education Coordinating Board (address below) by the application deadline. Submit Part C. to your financial aid administrators immediately or **at least** two weeks prior to the application deadline to allow time for completion. If undecided about which school you plan to attend, you can submit more than one Part C

◆ ***How and when will recipients be selected?***

Beginning March 31, 2000, complete applications will be reviewed at the end of each month, based on the closing dates listed below, until August 31, 2000, as funds remain available. Priority will be given to the earliest complete applications. Complete applications will be scored based upon placebound status and financial need.

Closing Dates	
March 31, 2000	June 30, 2000
April 30, 2000	July 31, 2000
May 31, 2000	August 31, 2000

◆ ***How will I be notified if I receive an award?***

Notices of both award and non-award will be sent to you and to your financial aid office in the month that your application is reviewed.

◆ ***Caveats***

- Awards are **provisional** until schools can confirm student eligibility just prior to disbursement of funds.
- Program funding and program eligibility criteria are dependent upon legislative appropriation.

◆ ***Agency Contacts***

Jose Dominguez, Program Manager
Linda Langan, Program Coordinator
Higher Education Coordinating Board
917 Lakeridge Way / PO Box 43430
Olympia, Washington 98504-3430

(360) 753-7846 or josed@hecb.wa.gov
(360) 753-7861 or lindala@hecb.wa.gov
FAX: (360) 704-6246 or (360) 704-6261

**WASHINGTON STATE
EDUCATIONAL OPPORTUNITY GRANT
2000-2001 APPLICATION**

ROLLING DEADLINE: While limited funds remain available, applications will be reviewed on a first come first served basis at the end of each month beginning March 31, 2000 and ending August 31, 2000.

READ CAREFULLY. This application consists of three parts: **Parts A and B are to be completed by you**, typed or in ink. Return Parts A and B to the Higher Education Coordinating Board (HECB) or send them to the four-year school you plan to attend as a junior, along with Part C. You will need to send or take Part C to the Financial Aid Office at least two weeks prior to the application deadline to allow time for completion. **(NOTE: In order for the Financial Aid Administrator to complete Part C, you must have completed the admissions process and the federal financial aid application. See page 1 information sheet.)**

If you are considering more than one school at this time, copy Part C and send it to each school. Completed applications may be sent to the Higher Education Coordinating Board either by the student or the Financial Aid Administrator.

CLOSING DATE: See note above

PART A - TO BE COMPLETED BY STUDENT

1. Name: _____ / _____ / _____ 2. SSN: _____ / _____ / _____
Last First Middle

3. Birthdate: ____ / ____ / ____ Male: ____ Female: ____ 4. Phone: (____) _____

5. Permanent residence: _____
Street City State Zip

6. Current mailing address: _____
(if different) Street City State Zip

7. I met the legal criteria for Washington state residency on: _____ / _____
(If you have always lived in this state, use your date of birth.) Month Year

8. The eligible county I **reside in** is: (Circle one)

Benton Cowlitz King Pierce Snohomish Spokane Yakima
Clark Franklin Kitsap Skamania Thurston Walla Walla

9. College (or colleges) I would like to attend in 2000-2001:

Main Campus Site other than Main (list)

1. _____
2. _____
3. _____

(NOTE: You may not use the grant to continue attending your current institution.)

10. Educational information (in order of college most recently attended): To be eligible to receive the grant, you must have achieved **junior standing** through completion of an Associate of Arts or transferable credits, as determined by the institution you plan to attend, by the beginning of the award term.

<u>College</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Degree</u>	<u>Degree Date</u>

(Attach a list of any additional colleges if necessary.)

11. Intended academic major: _____

12. Estimated baccalaureate graduation date: _____

13. Planned enrollment status for 2000-2001: Full-Time: _____ Other (explain): _____

14. Amount of educational loans to date (student only – Stafford/Perkins Loans):

Amount borrowed: \$ _____ Current unpaid balance: \$ _____

15. You **must have** completed the **Free Application for Federal Student Aid** form and applied for admission in order for your financial aid administrator to complete Part C of this application. Check with the college you plan to attend for further instructions about completing the financial aid process. **If you have Internet access, you may apply on-line at: <http://www.fafsa.ed.gov>**

_____ I **have** applied for admission.

_____ I **have** applied for financial aid.

_____ I **have not** applied for financial aid, but will contact my financial aid office.

16. **STUDENT AGREEMENT:** By my signature, I certify that the information contained in Parts A and B of this application is true and correct to the best of my knowledge. Further, I give my consent to the financial aid administrator at the college I plan to attend to release necessary demographic and financial information to assist in the Board's administration of the program. I certify that according to the definition provided and to my answers on Part B, I am a placebound citizen. During the entire period I receive the EOG grant, I understand I cannot be involved in or required by my college or university to be involved in any program or class that includes any religious worship, exercise or instruction, and I cannot be pursuing any degree in religious, seminarian, or theological academic studies. I understand if I am selected to receive the grant, it can only be used during academic years 2000-2001 and 2001-2002 at a Board-approved institution with existing capacity, excluding described branch campus sites.

Signature

Date

PLEASE PRINT NAME

Send completed application to:

**Educational Opportunity Grant Program
Higher Education Coordinating Board
917 Lakeridge Way
PO Box 43430
Olympia, WA 98504-3430**

**EDUCATIONAL OPPORTUNITY GRANT
2000-2001 APPLICATION
PART B – “PLACEBOUND DESCRIPTION”**

THE FOLLOWING QUESTIONS WILL BE USED TO EVALUATE YOUR PLACEBOUND CONDITION.

For this grant program, a “**placebound person**” is defined as one whom:

1. Lives in one of thirteen designated counties in Washington (as listed in Part A), and
2. Has junior standing by completing an Associate of Arts degree or transferable credits at a community college; or would be a junior but has been out of college and wishes to return, and
3. Is unable to relocate and will find it difficult to continue toward a baccalaureate degree without the financial incentive of this grant because of family or work commitments, health concerns, financial considerations, or other similar factors or
4. Is able to relocate and overcome placebound barriers with the help of this grant.

Please mark the yes or no boxes by each statement as it applies to your plans to attend a 4-year school. Explain special circumstances on reverse side.

Y N

- ☐ ☐ I am a major caregiver for an elderly or disabled family member. **(Explain)**
- ☐ ☐ I will continue to work at my current job.
- ☐ ☐ I am a homeowner.
- ☐ ☐ I will be moving out of the area, approximately _____miles, to attend school.
- ☐ ☐ I am returning to school this fall term after an absence of one or more years.
- ☐ ☐ I have a documented medical condition that requires continued care by my local doctor.
- ☐ ☐ Family or friends will assist me with childcare while I am in school.
- ☐ ☐ My spouse will be continuing in a permanent job.
- ☐ ☐ There are no public or private 4-year colleges within reasonable commuting distance of my current residence (approximately 1 hour or 50 miles).
- ☐ ☐ My dependent(s) has a documented medical condition that requires continued care by a local doctor.
- ☐ ☐ I will continue to live in my current government subsidized, low-income housing. (Do not include dormitories.)
- ☐ ☐ The 4-year school I am applying to offers an academic/degree program not available within commuting distance of my current residence (approximately 1 hour or 50 miles). The degree program is_____.
- ☐ ☐ My children will be enrolled in the same daycare or school as at present.
- ☐ ☐ The cost of moving has previously prevented me from going to a 4-year college out of the area.

Name_____ Social Security Number_____
(Print)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

EDUCATIONAL OPPORTUNITY GRANT 2000-2001 APPLICATION

PART C - SCHOOL FINANCIAL AID WORKSHEET

ROLLING DEADLINE: WHILE LIMITED FUNDS REMAIN AVAILABLE, APPLICATIONS WILL BE REVIEWED ON A FIRST COME FIRST SERVED BASIS AT THE END OF EACH MONTH BEGINNING MARCH 31, 2000 AND ENDING AUGUST 31, 2000.

INSTRUCTIONS TO STUDENT: Send or take Part C to the Financial Aid Office at the four-year school you wish to attend with this grant. Fill in your name and social security number and the school will complete the rest **after you have completed the Federal Financial Aid Form (FASFA) and the results have been returned to the school.** If you are considering more than one school at this time, copy this form and send it to each school.

INSTRUCTIONS TO THE FINANCIAL AID ADMINISTRATOR: Part C information must be based on the applicant's SAR. Financial aid information will be used to determine applicant eligibility and to provide the database for recipient profiles.

Name: _____ / _____ / _____ SSN: _____ / _____ / _____
Last First Middle

1. Budget:

- A. Type: _____ Dependent, lives with parents
_____ Dependent, lives away from parents
_____ Independent, unmarried, no dependents
_____ Independent, unmarried, with dependents
_____ Independent, married, no other dependents
_____ Independent, married with dependents

B. Budget duration, if less than nine months: _____

C. Budget amount: _____

2. Family income: (Annual taxed and untaxed income upon which the contribution is calculated.)

- A. Parent income (if dependent student): \$ _____
B. Student income (if dependent or independent): \$ _____
C. Spouse's income from work (if married): \$ _____

3. Total expected family contribution: _____

4. Financial need based on budget in Item #1: _____

5. Family size: _____ Number in college: _____

6. Washington resident: Yes: _____ No: _____ If applicant is not a Washington resident, but anticipates residency during the academic year, which term? _____

7. Class standing: Applicant must have received an Associate of Arts degree or achieved junior status to receive an Educational Opportunity Grant.

A. Associate of Arts Degree: Yes: _____ No: _____ Unknown at this time: _____

B. Class standing at beginning of 2000-2001 academic year, if known: Junior: _____ Senior: _____

C. If neither, when do you anticipate that the student will advance to Junior standing or obtain an Associate of Arts degree? By the beginning of _____ quarter/semester, 2000-2001.

Term

8. Ethnicity: _____ White/Caucasian _____ Asian/Pacific Islander _____ Black/African American

☐ American Indian ☐ Eskimo ☐ Hispanic/Spanish
☐ Other ☐ Aleut ☐ Unknown/Unavailable

9. Comments: (Please add anything that would help clarify the student's status; for example lack of sufficient transfer credits, lack of admission status, redetermination of need, selected for verification or current student.)

10. By my signature, I certify that the information contained and requested in Part C of this application is true and complete to the best of my knowledge.

Signature of Financial Aid Administrator

Date

Institution